Revised December 1974 STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH SFUND RECORDS CTR PRODUCER OF WASTE (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) 999000546 ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 Telephone Number: (213 388-6141) P.O. or Contract No.: 44.155843 State Liquid Waste Hauler's Registration No. (if applicable Type of Process Job No.: \_\_\_\_\_ No. of Loads or Trips:\_ which Produced Wastes: \_ Vehicle: 

✓ acuum truck \_\_\_\_\_\_ barrels, 

☐ flatbed, 
☐ other \_\_\_\_\_ wastewater treatment, pickling bath, petroleum refining) (SPECIFY) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand 12. Cannery waste DISPOSER OF WASTE (Must be filled TREATHING INDUSTRES INC. 2. Alkaline solution 7. Chemical toilet wastes 3. Pesticides 8. Tank bottom sediment 13. Latex waste 2425 So. Garfiel 4. Paint sludge 9. 🗆 Oil 14. Mud and water Name (print or type): \_\_\_ Monterey Park, Galia 5. Solvent 10. Drilling mud 15. 🔲 Brine The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and Components: local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): \_\_\_\_\_\_State fee (if any):\_\_\_\_\_ organics (list), cyanide) Handling Method(s): recovery treatment (specify). (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) landfill | injection well disposal (specify): pond spreading Other (specify): If waste is held for disposal elsewhere specify final location Disposal Date:\_ Hazardous Properties of Waste: I certify (or declare) under penalty of perjury that the foregoing is true and correct. ☐ toxic ☐ flammable corrosive explosive other [SPECIFY] Bulk Volume: > ☐ tons 42 gal.) The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. Physical State: Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) I certify (or declare) under penalty of perjury that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300